

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/593,422

FILING DATE

9-19-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3					1	
4						1
5					1	
6					1	
7					1	
8					1	
9					1	
10			1			
11				1		
12					1	
13					1	
14				1		
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49						
50						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.	←		14	←	←	
TOTAL CLAIMS			16			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.		↓			↓	
TOTAL DEP.	←		←	←	←	←
TOTAL CLAIMS						